



Commonwealth of Massachusetts
Division of Professional Licensure
Office of Public Safety & Inspections
Application for Certificate of Competency as a
CERTIFIED AMUSEMENT MAINTENANCE MECHANIC

In Accordance with 520 CMR 5.00

1000 Washington Street – Suite 710 – Boston – MA 02118

Please complete the application fully, in ink. Refer to 520 CMR 5.00 for further duties and responsibilities pertaining to a certified maintenance mechanic. Mail the completed application and attachments, along with a non-refundable fee of \$100.00 made payable to the Commonwealth of Massachusetts (Bank check or money order only), to:

Massachusetts Office of Public Safety & Inspections (OPSI)

Attention: Cashiers

1000 Washington Street, Suite 710, Boston MA 02118

Please check (✓) appropriate license exam category.

- ☐ **Unlimited** ☐ **Inflatables Only** ☐ **Carousel Only**
☐ **Mobile Rock Walls Only** ☐ **Challenge Course\Permanent Rock Walls Only**

1. Full Name: _____ Social Security Number _____ - _____ - _____
2. Home Address: _____
(Street) (City) (State) (Zip Code)
3. Mailing Address: _____
(If Different) (P.O. Box or Street) (City) (State) (Zip Code)
4. Date of Birth: _____ Home Phone Number: _____
5. Name & Address of Employer: _____
(Street) (City) (State) (Zip Code)
6. Employer's Phone Number: _____ Employer's Fax Number: _____
7. State Full Title of Occupation: _____
8. Have you examined for a Massachusetts Certificate of Competency before? ☐ **Yes**, when? _____ ☐ **No**

This Certificate of Competency is valid exclusively for the employer listed above. If the applicant leaves, ceases to be employed by the above cited employer, this certificate of competency becomes invalid.

Pursuant to Massachusetts General Law (MGL), Chapter 62C, §49A, I certify under the penalties of perjury that to the best of my knowledge, I have filed all state tax returns and paid all state taxes required under state law, and that the information submitted with this application is true to the best of my knowledge.

Signature of Applicant: _____ Date: _____

Applicant must sign full name here in the presence of the OPSI inspector who administers the oath.

Signature of Applicant: _____ Date: _____

Commonwealth of Massachusetts, _____ City\Town _____

The above applicant personally appeared and was examined by me and made oath that the statements contained in this application and subscribed by them are true, this _____ day of _____, in the year 20_____.

Before me: _____, Office of Public Safety & Inspections (OPSI) Inspector

Expiration Date: _____ **Exam Results:** _____ **License Number:** _____

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In Accordance with 520 CMR 5.00**

1. **Name and Address of Employer:** _____

(Street Name and Number)

(City) (State) (Zip Code)
- State full title of occupation: _____
- List Duties: _____

- Date of Hire: _____ Date of Termination: _____
- Reason(s) for leaving: _____

2. **Name and Address of Employer:** _____

(Street Name and Number)

(City) (State) (Zip Code)
- State full title of occupation: _____
- List Duties: _____

- Date of Hire: _____ Date of Termination: _____
- Reason(s) for leaving: _____

3. **I attended amusement safety seminars:** _____
(Name of School \ Seminar)

(Date and Location Attended)
4. **I attended amusement safety seminars:** _____
(Name of School \ Seminar)

(Date and Location Attended)
5. **I am also skilled in** _____ **License or degree held** _____